MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
APPLICANT(S)	

CLAIMS

	AS FILED IND.	AS FILED DEP.	AFTER 1st AMENDMENT IND.	AFTER 1st AMENDMENT DEP.	AFTER 2nd AMENDMENT IND.	AFTER 2nd AMENDMENT DEP.
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

PTO-1360 (3-78)

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS